

## **EXHIBIT D**

## Evidence of Insurance

### Policy Information

Policy Number : **103309238**

Named Insured : **VICTORIA STENNETT-BAILEY**

Policy Type **FIRE AND EC**

Insurance Company : **ALLSTATE INSURANCE COMPANY**

Rated Zip Code : **11210**

Original Year : **2001**

Policy Status : **TERMINATED**

Policy Period : **02/27/2008 - 02/27/2009**

147

### Billing and Coverages

Total Annual Premium : **\$461.00**

Dwelling Protection : **\$0**

### Deductibles

All Perils : **\$500.00**

### Mailing Address

**105-77 FLATLANDS 5  
BROOKLYN,  
NY 11236-2907**

### Property Address

**109 AMERSSORT PLACE  
BROOKLYN,  
NY 11210-2321**

### First Mortgagee

Name : **EMIGRANT MORTGAGE COMPANY INC**

### Second Mortgagee

Name : **N/A**

Address : **5 EAST 42ND STREET  
NEW YORK,  
NY 10017**

Address : **N/A**

Loan :  
Number

Loan : **N/A**  
Number

Payor : **THIRD PARTY INSURED/ MONTHLY, ANNUAL**

**PROVISIONS:** This form is not the contract of insurance. The provisions of the policy shall prevail in all respects.

All premiums for the insurance policy shall be computed in accordance with Allstate's rules, forms, premiums and minimum premiums applicable to the insurance afforded which are in effect at the inception of the insurance and upon each anniversary thereof, including the date of interim changes.

It is understood that should the insurance protection evidenced herein terminate for any reason, due notice will be given to the Insured, to the mortgagee, and to all other interested parties in accordance with the standard mortgagee clause (438-BFU).

A copy of the declarations page reflecting the annual premium will be sent, if required, to the mortgagee and to any other interested parties.

# Fire Policy Cancellation Notice for Non-Payment of Premium

Cancel Date and Time:	To Pay In Full:	Minimum Amount Due:
June 20, 2008 at 12:01 A.M.	\$ 417.50	\$ 113.64

## Mortgagee Notice of Cancellation

### Important Information About Your Insurance

If you want your insurance coverage to continue and do not want it to cancel, please make sure we receive the **Minimum Amount Due** by the end of the day (midnight) on June 19, 2008 or **your policy will cancel at 12:01 a.m. Standard Time on June 20, 2008.**

We value your business and want to make sure your policy continues to protect you.

However, if you wish your coverage to stop before the Cancel Date and Time, you should contact your agent or producer of record immediately, as any unpaid premium amounts may be referred to collections.

Please read the other important information contained within this Notice.

**Your Policy Number: 103 309 238**

**Policy Issued To:** VICTORIA STENNETT-BAILEY  
105-77 FLATLANDS 5  
BROOKLYN NY 11236-2907

**Loan Number:**

**Description:** 109 AMERSSORT PLACE BROOKLYN NY 11210

**Your Agency:** ROYAL PLUS AGENCY I (718) 859-5111

This statement as of May 31, 2008.

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- Please **DO NOT** include or write policy change requests on your payment notice. Contact your insurance representative.
- Please make check or money order payable to ALLSTATE and include your policy number.
- Detach here along perforation. Return below payment notice with your payment in the enclosed envelope.

**Your Policy Number: 103 309 238**

Fire Policy Cancellation Notice

02/27

**Allstate Insurance Company**

PO BOX 660649 DALLAS TX 75266-0649

03014302

EMIGRANT MORTGAGE COMPANY INC  
5 EAST 42ND STREET  
NEW YORK NY 10017

**CANCEL DATE AND TIME:** June 20, 2008 at 12:01 A.M.

TO PAY IN FULL:	MINIMUM AMOUNT DUE:
\$ 417.50	\$ 113.64

**Amount Enclosed:**

\$

Return Payment to:

ALLSTATE  
75 EXECUTIVE PKWY  
HUDSON OH 44237-0001

